

0000180051 7/9/12

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/FCD
AsOfDate 07/03/2012

Associate Voucher	07/03/2012		Vchr VchrLineDescr		Distr Account	Account	Fund	VendorName	1099	Accounting Period		PurchaseOrder Invoice Number	Total Amount
Number	Line	Line#	Description					Michfoild	Year	Month			
00301316	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001		2012	06	0000088967	Adams, 6.27-6.29	250.00
Total For Voucher													250.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00301316
 Voucher Style: Regular

Invoice Number: Adams, 6.27-6.29.12
 Invoice Date: 06/29/2012
 Total: 250.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 250.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 06/29/2012 

Net Due: 06/29/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE 

*Netting: N 

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500

Invoice Number: Adams, 6.27-6.29.12

Voucher ID: 00301316

Invoice Date: 06/29/2012

Voucher Style: Regular

Total: 250.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status:

Ready

☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate:

1.00000000

Voucher Approval

*Approval: Specify at this Level

Business Process: PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 6/27/12
AGENCY CODE 66500
VOUCHER NUMBER 00301316

NAME Richard Adams	CAR LICENSE NUMBER GS1984	POST OF DUTY Ruidoso	PROPOSED (ADVANCE VOUCHER) ☐
SOCIAL SECURITY NUMBER 97303	MODEL Nissan	RESIDENCE Ruidoso	ACTUAL (RECOUPMENT VOUCHER) ☒
NORMAL WORK DAY 8am	TO 5pm	YEAR 2011	

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	AMOUNTS	
	DEPARTURE	ARRIVAL						MISCELLANEOUS	TOTALS
6/27/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary and staff Overnight Santa Fe rates apply*				135.00		135.00
6/28/12			Depart Santa Fe to Las Vegas to meet with Hospital Administrator and advisory committee. Overnight				85.00		85.00
6/29/12		7:00pm	Depart Las Vegas to Ruidoso Partial day per diem-12.0 hrs.				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)									
ACTUAL ☐									
APPROVED RATES ☒									
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				TOTALS					
Employee Signature				250.00					
Date				250.00					
Adjusted Reimbursement									

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

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LAST MODIFIED ON 06/27/2012 14:04

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE ☒ *Richard Adams* 6/27/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

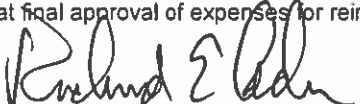
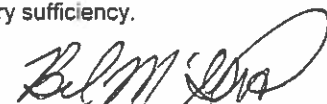
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meetings in Santa Fe and Las Vegas			
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	06/20/12	Destination:	Santa Fe and Las Vegas		
	Departure Date: (month/day/yr)	06/27/12	Time:	07:00 AM	Return Date: (month/day/yr)	6/29/12
					Time:	07:00 PM
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 250.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 250.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	6/27/12 Date	 Supervisor/Bureau Chief Signature	6/29/12 Date
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Division Director/Hospital Administrator
(As per specific division requirements)

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date